

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 409
Registered No. 409

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 723 Church Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ramon Peña
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth Aug. 31-1929
Month Day Year

FATHER		MOTHER	
8. Full name <u>Pedro Peña</u>	14. Full maiden name <u>Ysabelle de Leon</u>	9. Residence (Usual place of abode) <u>Miami, Arizona.</u>	15. Residence (Usual place of abode) <u>Miami, Arizona.</u>
10. Color or race <u>Mex.</u>	16. Color or race <u>Mex.</u>	11. Age at last birthday <u>34</u> (Years)	17. Age at last birthday <u>32</u> (Years)
12. Birthplace (city or place) <u>Jalisco Mex.</u>	18. Birthplace (city or place) <u>Jalisco Mex.</u>	13. Occupation Nature of Industry <u>Miner</u>	19. Occupation Nature of Industry <u>Housewife</u>
20. Number of children of this mother <u>20</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>6</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:30 a.m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona.

Month, day, year

Filed Sept 11, 29 by Bo E. Jorin
Registrar Registrar

971-831-845